

CLAIMS ONLY							Application Number 0918410558	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8	/						58	
9		/					59	
10	/						60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20	/						70	
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23		/					73	
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29		/					79	
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32		/					82	
33		/					83	
34	/	/					84	
35		/					85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep		8					Total Indep	
Total Depend	37						Total Depend	
Total Claims	35						Total Claims	